Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
CHEYENNE HAB & THERAPEUTIC CENTER		1699816843	1/30/2009	1/30/2010	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	2 of 2 staff files were reviewed. 1 of 2 staff files reviewed was missing the CPI certification.	Yes	1/2/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	2 of 2 files reviewed had appropriate documentation of participant specific training.	No	
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Documentation from 3 locations was reviewed. Even though the provider is documenting drills, not all types of drills were practiced (e.g., earthquake, blizzard, medical/behavioral emergency, vehicle). The documentation included concerns identified when appropriate; however, it did not include documentation of follow-up.	Yes	1/2/2009
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	3 of 3 vehicles observed contained emergency procedures during transportation.	No	
	Internal Inspections (CARF 1.E.)	Recommendation (Focused)	3 of 3 locations reviewed had documentation of internal inspections. 3 of 3 had concerns identified when appropriate. 0 of 3 had documentation of follow-up to concerns noted in the inspection.	Yes	1/2/2009
	External Inspections (CARF 1.E.)	Recommendation (Focused)	3 of 3 locations reviewed had documentation of external inspections. 3 of 3 had concerns identified when appropriate. 2 of 3 locations had appropriate follow-up regarding the concerns identified during the inspections.	No	1/10/2009

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Progress mad Survey recom	e on prior DDD mendations	In-compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
Progress mad Survey recom	e on prior CARF mendations	Not Reviewed	The Division reviewed this area at the previous site review.	No	
Incident report (Wyoming Me Chapter 45, S		Recommendation (Focused)	The provider's policy does not have the appropriate timeframe for reporting critical incidents.	No	1/10/2009
Incident report (Wyoming Me Chapter 45, S		In-compliance	4 of 5 staff interviewed (80%) were able to articulate functional knowledge of the Division's notification of incident reporting process.	No	
Complaint and (CARF 1.D.)	d Grievance	Recommendation (Systemic)	The organization reported that when they receive complaints that they respond immediately and do not document the steps they took to address the concerns. The provider does not have documentation of complaints or grievances filed with the organization. Complaints should be documented whenever possible to ensure accurate follow-up. This reporting includes internal as well as external complaints.	No	1/10/2009
Rights of Part (Wyoming Me Chapters 45, Section 1)		In-compliance	4 of 5 staff interviewed (80%) were able to articulate functional knowledge of participant specific rights and restrictions.	No	
Behavior Plan Section 29)	s (Chapter 45,	Not Reviewed	The participant files reviewed did not contain behavior plans, as appropriate.	No	
Restraint stan 45, Section28	ndards (Chapter)	Recommendation (Systemic)	The provider has no system is in place for tracking restraints. The provider did not provide evidence of the required data analysis, including the following: *Analysis of patterns of use *History of use by personnel *Contributing environmental and precipitating factors *Assessment of program design contributing factors.	No	1/10/2009

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	Restraint standards (Chapter 45, Section28)	In-compliance	The provider had policies and procedures on restraints, including the usage of emergency restraints that met applicable standards.	No	
	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	It was observed that a fire extinguisher was unsecured in the Blazer. The previous year it was noted that fire extinguisher(s) was not secured.	Yes	1/2/2009
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	3 of 3 files were reviewed and the IPC is being implemented appropriately including approved schedules and goals.	No	
	Releases of Information (CARF 2.B.)	In-compliance	3 of 3 files reviewed had releases of information that were appropriate, time limited, specific to the information being released, and to whom the information was being released.	No	
	Emergency Information (CARF 2.B.)	In-compliance	3 of 3 files were reviewed and all emergency information was current, had the appropriate information present, and was available in case of an emergency.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	3 of 3 files were reviewed and the provider had documentation of objective and goal tracking which met applicable standards.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	In-compliance	The documentation of 3 files were reviewed and met applicable standards. For participant 2, day hab documentation in the month of June 2008, the provider documented 9 units and only billed 8 units.	No	

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Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	The monthly/quarterly notes for one participant was reviewed and met applicable standards.	No		
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Team meeting notes for one participant was reviewed and met applicable standards.	No		
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	1 file was reviewed and contained documentation of the development and tracking of objectives. The provider is encouarged to continue to work with the team and other Division staff in developing measurable objectives.	No		
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	1 file was reviewed and contained documentation of monitoring the implementation of the IPC which met applicable standards.	No		
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-compliance	2 residential sites were visited and showed evidence of maintaining a healthy and safe environment.	No		
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	2 residential sites were observed and the organization showed evidence of meeting CARF standards on community housing.	No		
	The organization meets the standards in Chapter 45, section 23)	In-compliance	The organization provided evidence for meeting the standards in chapter 45, section 23.	No		

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Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization provided opportunities to participants to access the community through going to the YMCA, shopping, medical appointments, etc. The participants interviewed expressed satisfaction with the level of community integration provided.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	2 participants were observed in their employment settings and they expressed satisfaction with their jobs. Staff interactions seemed appropriate for the service setting.	No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	Upon the physical inspection of the Day Hab (19th Street, Suite 5) chemicals were found unsecured in the bathroom and the first aid kit contained some non-viable supplies.	Yes	1/2/2009
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	Through observation, interview, and review of provider documentation, the provider showed evidence of meeting the applicable standards of the service provided.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	Not Reviewed	Even though the organization provides other services, they were not able to be observed during the survey.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Residential Habilitation Training documentation was reviewed on one participant and the objective was implemented and documented appropriately.	No	

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